

02/13/2007 10:02

2813099918

MARINE MEDICAL



CHEMATICS INC.
 P.O. Box 293 • North Webster, Indiana 46555
 (800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

(Print) (First, M.I., Last)

Alcaraz Florante
7828

B: SSN or Employee ID No.

C: Employer Name

Street

City, ST ZIP

DER Name and

Telephone No.

DER Name

DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am able to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date Month Day Year

2 10 07

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☒ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: For BREATH DEVICE* write in the space below only if the testing device is not designed to print.

Test # Alco 02 Testing Device Name 629921 1-08 Device Serial # OR Lot # & Exp Date 2328 Activation Time 2329 Reading Time NEG Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

MMI
 Alcohol Technician's Company
Steven H. Alcaraz
 (Print) Alcohol Technician's Name (First, M.I., Last)
[Signature]
 Signature of Alcohol Technician

402 Dickinson Ave
 Company Street Address
Dickinson TX 77539
 Company City, State, Zip
2 10 07
 Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

OMB No. 2105-0529
 S6001 Rev. 1
 June, 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

02/13/2007 10:02 281999918

MARINE MEDICAL

PAGE 08

Page 4 of 8

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1355 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D.

Reason: POST ACC.
Sub Acct:

Patient: AVARAL, FVORANTE
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 782-8
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101596577 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"


Therefore, my determination for this test is

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,


Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed: _____

This test was performed by One Source Toxicology Laboratory

02/13/2007 10:02

2813099918

MARINE MEDICAL

PAGE 07



CHEMATIC INC.
 P.O. Box 293 • North Webster, Indiana 46555
 (800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3.)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Eugenio Julybert
 (Print) (First, M.I., Last)

B: SSN or Employee ID No. 3015

C: Employer Name
 Street
 City, ST ZIP

DER Name and Telephone No.
 DER Name _____ DER Phone Number _____

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on this form is true and correct.

Signature of Employee

Date Month Day Year 2 10 07

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☒ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: For BREATH DEVICE* write in the space below only if the testing device is not designed to print.

Test # Alco 02 Device Serial # 629921 OR Lot # & Exp Date 1-08 Activation Time 2334 Reading Time 2335 Result NOC

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company
Stevens
 (Print) Alcohol Technician's Name (First, M.I., Last)

402 Dickinson Ave
 Company Street Address
Dickinson TX 77539
 Company City, State, Zip Phone Number

Signature of Alcohol Technician

Date Month Day Year 2 10 07

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

OMB No. 2105-0529
 56601 Rev. 1
 June, 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

After
 Or
 Print
 Screening Results
 Here

After
 With
 Tamper Evident Tape

After
 Or
 Print
 Confirmation Results
 Here

After
 Or
 Print
 Tamper Evident Tape

After
 Or
 Print
 Additional Results for
 Confirmation Check
 Here

After
 With
 Tamper Evident Tape

02/13/2007 10:02 2813099919

MARINE MEDICAL

PAGE 05

Page 3 of 8

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D.

Reason: POST ACC
Sub Acct:

Patient: EUGENIO, JULYBERT V.
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 301-5 -
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101596576 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,



Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed _____

This test was performed by One Source Toxicology Laboratory

02/13/2007 10:02

2813099916

MARINE MEDICAL

PAGE 05



CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555
(800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

The instructions for completing this form are on the back of Copy 3.

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

(Print) (First, M.I., Last)

B: SSN or Employee ID No.

C: Employer Name
Street
City, ST ZIP

DER Name and
Telephone No.

DER Name

DER Phone Number

D: Reason for Test ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee

Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: *For BREATH DEVICE* write in the space below only if the testing device is not designed to print.

Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form

REMARKS:

Alcohol Technician's Name (First, M.I., Last)

Company Street Address
Company City, State, Zip Phone Number

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater

Signature of Employee

Date Month Day Year

OMB No. 2105-0529
56601 Rev. 1
June, 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

02/13/2007 10:02 2813099919

MARINE MEDICAL

PAGE 34
Page 2 of 8**Dr. Wayne F. Keller**

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D.

Reason: POST ACC
Sub Acct:

Patient: METCOVIC, DERO
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 314-5 -
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101537987 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,



Dr. W. F. Keller: 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed: _____

This test was performed by One Source Toxicology Laboratory

02/13/2007 18:02

2813099916

MARINE MEDICAL

PAGE 03



CHEMATICS INC.
 P.O. Box 293 • North Webster, Indiana 46555
 (800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3.)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Sysing Ric
 (Print) (First, M.I., Last) 9889
 B: SSN or Employee ID No. _____
 C: Employer Name _____
 Street _____
 City, ST ZIP _____
 DER Name and Telephone No. _____
 DER Name _____ DER Phone Number _____
 D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____

Date 2 10 07
 Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☒ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: For BREATH DEVICE* write in the space below only if the testing device is not designed to print.

Test # Alco 02 Device Serial # 6299211-08 Lot # & Exp Date 2351 2352 Reading Time NEG
 Test # Testing Device Name Device Serial # Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS: _____

Signature of Alcohol Technician _____

Company Street Address _____

Signature of Alcohol Technician (First, M.I., Last) _____

Company City, State, Zip _____

Phone Number _____

Date 2 10 07
 Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____

Date Month Day Year _____

OMB No. 2105-0529
 56601 Rev. 1
 June, 2001

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MARINE MEDICAL

PAGE 02

Page 1 of 8

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAJUNE MEDICAL INC
Attn: WAYNE KELLER, M.D.

Reason: POST ACC
Sub Acct:

Patient: SYJING, RIC M.
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 988-9
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101537969 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,



Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed: _____

This test was performed by One Source Toxicology Laboratory



CHEMATICS INC.
P.O. Box 293 • North Webster, Indiana 46555
(800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

The instructions for completing this form are on the back of Copy 3.

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

(Print) (First, M.I., Last)

B: SSN or Employee ID No.

C: Employer Name

Street

City, ST ZIP

DER Name and

Telephone No.

DER Name

DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employer

Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STY DEVICE: ☒ SALIVA ☐ BREATH* 15-Minute Wait: ☐ Yes ☒ No

SCREENING TEST (For BREATH DEVICE* write in the space below only if the testing device is not designed to read)

Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form

REMARKS:

Signature of Alcohol Technician

Company Street Address
City, State, Zip Phone Number

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

OMB No. 2105-0529
56601 Rev. 1
June 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D. *Jojo*

Reason: POST ACC.
Sub Acct:

Patient: FERNANDEZ, VAUT Q
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 123-6 -
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101696578 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,



Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed. _____

This test was performed by One Source Toxicology Laboratory

02/13/2007 10:02

2813099918

MARINE MEDICAL

PAGE 13



40

CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555
(800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3.)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

(Print) (First, M.I., Last)

B: SSN or Employee ID No.

C: Employer Name

Street

City, ST ZIP

DER Name and

Telephone No.

DER Name

DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the information provided on the form is true and correct.

Signature of Employee

Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ RAT ☐ STT DEVICE: ☒ SALIVA ☐ BREATH* 15-Minute Wait ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below and if the testing device is not designed to print)

Test # Testing Device Name Device Serial # 08 Lot # & Exp Date Activation Time Reading Time Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Signature of Alcohol Technician

Company Street Address
Company City, State, Zip

Phone Number

Signature of Alcohol Technician

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date Month Day Year

OMB No. 2105-0529
56401 Rev. 1
June, 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Affix
or
Print
Screening Results
Here

Affix
or
Print
Confirmation Results
Here

Affix
or
Print
Confirmation Results
Here

Affix
or
Print
Confirmation Results
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Affix
or
Print
Confirmation Results
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Affix
or
Print
Confirmation Results
Here

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D.

Reason: POST ACC.
Sub Acct:

Patient: CRABISK, DAMIR
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07

Patient ID: 728-4 -
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101596579 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,



Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed: _____

This test was performed by One Source Toxicology Laboratory

02/13/2007 10:02 2813099918

MARINE MEDICAL

PAGE 15



CHEMATICS INC.
 P.O. Box 293 • North Webster, Indiana 46555
 (800) 348-5174 • (574) 834-2406



U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Tizon Melchor
 (Print) (First, M.I., Last) 1497

B: SSN or Employee ID No. _____

C: Employer Name _____
 Street _____
 City, ST ZIP _____

DER Name and Telephone No. _____
 DER Name _____ DER Phone Number _____

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee _____ Date 2/10/07
 Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ JAT ☐ STT DEVICE: ☒ SALIVA ☐ BREATH 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print)

Test # Acc C2 Testing Device Name 620921 Device Serial # 08 Lot # & Exp Date L-08 Activation Time 2309 Reading Time 2310 Result NEG

CONFIRMATION TEST: Results MUST be affixed in each copy of this form or printed directly onto the form

REMARKS:

Signature of Alcohol Technician Denise Date 2/10/07
 Month Day Year

Company Street Address 1822 WICKERSON AVE
 City, State, Zip CHICAGO IL 60617 Phone Number 77539

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date _____
 Month Day Year

OMB No. 2105-0529
 56601 Rev. 1
 June, 2001

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

02/13/2007 10:02 2813099916

MARINE MEDICAL

PAGE 14
Page 7 of 8**Dr. Wayne F. Keller**1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495**MRO Result Form**Client: MARINE MEDICAL INC
Attn: WAYNE KELLER, M.D.Reason: POST ACC.
Sub Acct:Patient: TIZON, MELCHOR V
Date Rep: 2/12/2007
CCF Reviewed & Received: 02/12/07Patient ID: 149-1-
Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101596580 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified
Medical Review Officer CCF Received and Reviewed: _____

This test was performed by One Source Toxicology Laboratory